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Listing of Claims:

Claim 1 (previously presented): A method for treating sexual dysfunction in a human via inhalation, comprising:

inhaling a dose of a powder composition, the dose of the powder comprising from about 100 to about 1600 micrograms of apomorphine or a pharmaceutically acceptable salt or ester thereof (based on the weight of the hydrochloride salt), wherein the inhalation of the dose of apomorphine provides a therapeutic effect in less than about nine minutes, but is not associated with the adverse side effects normally associated with the administration of apomorphine.

Claim 2 (original): The method of claim 1, wherein the sexual dysfunction is erectile dysfunction.

Claim 3 (original): The method of claim 1, wherein the sexual dysfunction is female sexual dysfunction.

Claim 4 (original): The method of claim 1, wherein the erectile dysfunction is psychogenic.

Claim 5 (original): The method of claim 1, wherein the erectile dysfunction is organic.

Claim 6 (original): The method of claim 1, wherein the dose comprises from about 200 micrograms to about 1600 of apomorphine or a pharmaceutically acceptable salt or ester thereof (based on the weight of the hydrochloride salt).

Claim 7 (original): The method of claim 1, wherein the dose comprises from about 300 micrograms to about 1200 of apomorphine or a pharmaceutically acceptable salt or ester thereof (based on the weight of the hydrochloride salt).

Claim 8 (original): The method of claim 1, wherein the dose comprises from about 400 micrograms to about 800 of apomorphine or a pharmaceutically acceptable salt or ester thereof (based on the weight of the hydrochloride salt).

Claim 9 (original): The method of claim 8, wherein the sexual dysfunction is erectile dysfunction.

Claim 10 (original): The method of claim 1, wherein the dose comprises from about 400 micrograms to about 1200 micrograms of apomorphine or a pharmaceutically acceptable salt or ester thereof (based on the weight of the hydrochloride salt).

Claim 11 (original): The method of claim 10, wherein the sexual dysfunction is erectile dysfunction.

Claim 12 (previously presented): The method of claim 1, wherein the powder composition further includes a carrier material.

Claim 13 (original): The method of claim 12, wherein the dose includes from about 400 to about 800 micrograms of apomorphine hydrochloride.

Claim 14 (original): The method of claim 13, wherein the dose provides, in vivo, a mean C_{max} of from about 0.7 ng/ml to about 2 ng/ml.

Claim 15 (original): The method of claim 14, wherein the dose provides, in vivo, a mean plasma level of said apomorphine at seventy minutes after administration of from about 0.2 ng/ml to about 0.6 ng/ml.

Claim 16 (original): The method of claim 13, wherein the apomorphine is apomorphine hydrochloride and at least 99% of said apomorphine hydrochloride has a particle size of 5

microns or less.

Claim 17 (previously presented): The method of claim 1, wherein the powder composition further includes an anti-adherent material.

Claim 18-23 (canceled).

Claim 24 (previously presented): The method of claim 12, wherein the carrier material is lactose and the apomorphine is apomorphine hydrochloride.

Claim 25-29 (canceled).

Claim 30 (previously presented): The method of claim 12 wherein the powder composition further includes a force control additive.

Claim 31 (original): The method of claim 30, wherein the force control additive is provided in an amount from about 0.15% to about 5% of the composition, by weight.

Claim 32 (original): The method of claim 30, wherein the force control additive is selected from the group consisting of leucine, magnesium stearate, lecithin, and sodium stearyl fumarate.

Claim 33 (original): The method of claim 30, wherein the force control additive includes leucine.

Claim 34 (previously presented): A method for treating sexual dysfunction in a human via inhalation, comprising inhaling a dose of a powder composition into the lungs of a patient, the dose of the powder composition delivering, in vitro, a fine particle dose of from about 100 micrograms to about 1600 micrograms of apomorphine or a pharmaceutically acceptable salt or ester thereof (based on the weight of the hydrochloride salt), when measured by a Multistage

Liquid Impinger, United States Pharmacopeia 26, Chapter 601 Apparatus 4 (2003), wherein the inhalation of the dose of apomorphine provides a therapeutic effect in less than about nine minutes, but is not associated with the adverse side effects normally associated with the administration of apomorphine.

Claim 35 (original): The method of claim 34, wherein the dose delivers, in vitro, a fine particle dose of from about 200 micrograms to about 1000 micrograms of said apomorphine when measured by a Multistage Liquid Impinger, United States Pharmacopeia 26, Chapter 601 Apparatus 4 (2003).

Claim 36 (original): The method of claim 34, wherein the dose delivers, in vitro, a fine particle dose of from about 200 micrograms to about 800 micrograms of said apomorphine when measured by a Multistage Liquid Impinger, United States Pharmacopeia 26, Chapter 601 Apparatus 4 (2003).

Claim 37 (original): The method of claim 34, wherein the dose delivers, in vitro, a fine particle dose of from about 200 micrograms to about 600 micrograms of said apomorphine when measured by a Multistage Liquid Impinger, United States Pharmacopeia 26, Chapter 601 Apparatus 4 (2003).

Claim 38 (original): The method of claim 34, wherein the dose delivers, in vitro, a fine particle dose of from about 200 to about 400 micrograms of said apomorphine when measured by a Multistage Liquid Impinger, United States Pharmacopeia 26, Chapter 601 Apparatus 4 (2003).

Claim 39-46 (canceled).

Claim 47 (previously presented): The method of claim 1, wherein the step of inhaling comprises:

entraining the powder composition in a gas flow upstream from an inlet port of a vortex chamber

having a substantially circular cross-section,
directing the gas flow through the inlet port into the vortex chamber in a tangential direction;
directing the gas flow through the vortex chamber so as to aerosolise the powder composition;
and
directing the gas flow with the powder composition out of the vortex chamber in an axial direction through an exit port, wherein a velocity of the gas flow at a distance of 300 mm outside of the exit port is less than a velocity of the gas flow at the inlet port.

Claim 48 (previously presented): The method of claim 1, wherein the powder composition comprises agglomerated particles, and the step of inhaling comprises:

entraining the agglomerated particles in a gas flow upstream from an inlet port of a vortex chamber,

directing the gas flow through the inlet port into the vortex chamber;

depositing the agglomerated particles onto one or more walls of the vortex chamber;

applying, via the gas flow through the vortex chamber, a shear to the deposited agglomerated particles to deagglomerate said particles,

directing the gas flow, including the deagglomerated particles, out of the vortex chamber, wherein a velocity of the gas flow at a distance of 300 mm outside of the exit port is less than a velocity of the gas flow at the inlet port.

Claim 49 (previously presented): The method of claim 12, wherein the carrier material has an average particle size of from about 40 microns to about 70 microns, and at least 90% of said apomorphine having a particle size of 5 microns or less.

Claim 50 (original): The method of claim 49, wherein the powder composition comprises agglomerated particles, and the step of inhaling comprises:

entraining the agglomerated particles in a gas flow,

depositing the agglomerated particles onto one or more surfaces;

applying, via the gas flow, a shear to the deposited agglomerated particles to deagglomerate

said particles.

Claim 51 (previously presented): The method of claim 1, wherein the step of inhaling comprises:

generating an air flow through an inlet port of a chamber, the air flow having entrained therein the powder composition;

directing the air flow through the chamber, the chamber having an axis and a wall curved about the axis, the air flow rotating about the axis; and

directing the air flow through an exit port of the chamber,

wherein a direction of the air flow through the inlet port is tangential to the wall, and a direction of the air flow through the exit port is parallel to the axis,

and wherein a cross-sectional area of the air flow through the chamber is in a plane normal to the air flow and decreases with increasing distance from the inlet port.

Claims 52-68 (previously canceled)

Claim 69 (previously presented): The method of claim 1, wherein the powder composition comprises agglomerated particles, and the step of inhaling comprises:

entraining the agglomerated particles in a gas flow upstream from an inlet port of a vortex chamber,

directing the gas flow through the inlet port into the vortex chamber;

depositing the agglomerated particles onto one or more walls of the vortex chamber;

applying, via the gas flow through the vortex chamber, a shear to the deposited agglomerated particles to deagglomerate said particles,

directing the gas flow, including the deagglomerated particles, out of the vortex chamber to provide an ultrafine particle fraction, when measured by an Andersen Cascade Impactor, United States Pharmacopeia 26, Chapter 601 Apparatus 3 (2003), of at least about 70%.

Claim 70 (previously presented): The method of claim 1, wherein the step of inhaling comprises

inhaling a dose having an ultrafine particle fraction, when measured by an Andersen Cascade Impactor, United States Pharmacopeia 26, Chapter 601 Apparatus 3 (2003), of at least about 70%.

Claim 71 (canceled).

Claim 72 (previously presented): The method of claim 1, wherein the step of inhaling comprises inhaling a dose having a fine particle fraction, when measured by an Andersen Cascade Impactor, United States Pharmacopeia 26, Chapter 601 Apparatus 3 (2003), of at least about 80%.

Claim 73 (canceled).